

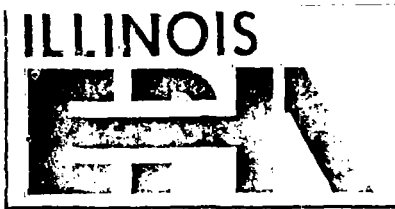


NON-NOTIFICATION AND NON-FILER DISPOSITION FC

1. Non-Notifier _____ Non-Filer ☒
2. U.S.E.P.A. ID Number for Non-Filers ILD038409975
3. Name of Facility: EXPORT PACKAGING COMPANY
Facility Mailing Address: 8201 WEST 42ND ST.
ROCK ISLAND IL 61201
City or Town State Zip Code
4. Location of Facility: SAME AS ABOVE
City or Town State Zip Code
5. Facility Contact: DAVE COOPMAN - VP SALES MANAGER
Name and Title
Phone Number: 309/757-0310
Area Code and Number
6. Type of Hazardous Waste Activity if Determined:
____ Generation _____ Transportation
☒ Treat/Store/Dispose (Circle Applicable Activities)
____ Underground Injection
7. Description of State Follow-up Action (Including Name of State Assignee, File Data Reviewed, Person(s) Contacted by State, Date(s) and Type of Contact(s), and Information Obtained): SEE ATTACHED RCRA INSP - STATE ASSIGNEE = JACK HOLZER & HEIDI HANSON
8. List of Significant Apparent Violations: 722.134, 722.131, 722.137, 725.116, 725.151, 720.110, 725.137 & 725.212
9. List of Supporting Documents Attached: RCRA INSP DATED 4/23/84
CIL DATED 5/18/84

TO BE COMPLETED BY ENFORCEMENT SECTION

10. Type of Enforcement Action Recommended:
11. Disposition Form Signed and Dated by State Enforcement Section:
 / / _____



815/987-7404

Environmental Protection Agency

P.O. Box 915 Rockford, IL. 61105

Refer to: Rock Island County - No. 16106517
Rock Island/Export Packaging Company

COMPLIANCE INQUIRY LETTER

May 18, 1984

Export Packaging Company
Mr. Dave Coopman
5421 River Drive
Moline, IL. 61265

Dear Mr. Coopman:

On Monday April 23, 1984, a representative of the Illinois Environmental Protection Agency (IEPA) conducted an inspection of your facility. The purpose of the inspection was to determine your facility's compliance with the Environmental Protection Act, Ill. Rev. Stat. 1981, Ch. 111½, pars. 1001 et seq., as amended, and regulations adopted by the Illinois Pollution Control Board. Your facility was evaluated according to the Standards Applicable to Generators of Hazardous Waste and Interim Status Standards for Owners and Operators of Hazardous Waste Storage Facilities.

During the inspection the following apparent violation(s) were observed:

Pursuant to 35 Ill. Adm. Code 722.134, an owner/operator may accumulate hazardous waste on-site without a permit for 90 days or less, provided that (among other requirements) the date upon which each period of accumulation begins is clearly marked and visible for inspection on each container and each container is properly labeled and marked according to 35 Ill. Adm. Code 722.131 and 722.132. At the time of the inspection, you were storing hazardous waste for a period greater than 90 days and containers are not being marked with the accumulation date. Furthermore, your facility has never notified as a storage facility.

Pursuant to 35 Ill. Adm. Code 725.116, the owner/operator is required to establish and maintain records relating to the training of personnel involved in hazardous waste management, including a description of the job title for each position at the site, a written job description, a description of training and records detailing the training given to each such individual. You are in apparent violation of 35 Ill. Adm. Code 725.116 for the following reason(s): Your facility has no personnel training or records of training.

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STATE OF ILLINOIS**

The owner/operator must have a contingency plan at the facility. The contingency plan must address the actions to be taken by facility personnel in response to fires, explosions, or any unplanned release of hazardous waste or hazardous constituents to the environment. The plan must describe the arrangements agreed to by local police, fire departments, hospitals and emergency response teams. The names, addresses, and phone numbers of all persons qualified to act as emergency coordinators must be included in the plan. The contingency plan must list all emergency equipment at the facility, including the location, a physical description, and a brief summary of the capabilities of each item on the list. In facilities where evacuation could be necessary a plan describing evacuation routes and signals used to begin evacuation must be included in the contingency plan. These requirements are pursuant to Subpart D of 35 Ill. Adm. Code 725. You are in apparent violation of Subpart D of 35 Ill. Adm. Code 725 for the following reasons: Your facility does not have a contingency plan at this time.

Pursuant to 35 Ill. Adm. Code 725.137, the owner/operator must attempt to make arrangements to familiarize local police, fire departments, emergency response teams and hospitals as well as state authorities with the hazardous aspects of the facility. These arrangements are to be included in the contingency plan. You are in apparent violation of 35 Ill. Adm. Code 725.137 for the following reason; you do not have a contingency plan.

Pursuant to 35 Ill. Adm. Code 725.212, the owner/operator must have a closure plan at the facility. The plan must include a description of how and when the facility will be partially closed, if applicable, and ultimately closed. The plan must address the steps needed to decontaminate facility equipment. Also required is an estimate of the maximum inventory of wastes in storage or treatment on site at any given time and a schedule for final closure including the anticipated date when wastes will no longer be required. The owner/operator must submit his closure plan to the Director at least 180 days before the date he expects to begin closure. You are in apparent violation of 35 Ill. Adm. Code 725.212 for the following reason; your facility does not have a closure or post closure plan on site.

The owner/operator has not provided notification in accordance with Section 3010 of the Resource Conservation and Recovery Act for this facility. The facility is a hazardous waste storage site, as defined by 35 Ill. Adm. Code 725.110.

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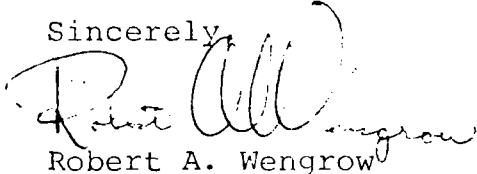
Rock Island/Export Packaging Co.

May 18, 1984

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You are hereby requested to submit to this office, within 15 days of receipt of this letter, a description of steps taken to correct the apparent violations described in this letter and a copy of all required documents which were missing at the time of the inspection. Failure to correct these apparent violations may result in enforcement actions. Please send your reply to the above address. Should you have any questions concerning this matter, please contact Jack Holzer of my staff at the above number.

Sincerely,



Robert A. Wengrow
Manager - Region 1 Field Operations
Division of Land Pollution Control

RAW/JEH/bp

Enc.: Inspection Report

cc: Division File
Rockford Region

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STATE OF ILLINOIS**

16100517
STATE IDENTIFICATION NUMBER
(If Applicable)

711038409975
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

I. General Information:

(A) Facility Name: EXPORT PACKAGING COMPANY
(B) Street: 8201 WEST 42ND STREET
(C) City: ROCK ISLAND (D) State: ILLINOIS (E) Zip Code: 61201
(F) Phone: 309/757-0310 (G) County: ROCK ISLAND
(H) Operator: EXPORT PACKAGING COMPANY
(I) Street: 8201 WEST 42ND STREET
(J) City: ROCK ISLAND (K) State: ILLINOIS (L) Zip Code: 61201
(M) Phone: 309/757-0310 (N) County: ROCK ISLAND
(O) Owner: EXPORT PACKAGING COMPANY
(P) Street: 5420 RIVER DRIVE
(Q) City: MOLINE (R) State: ILLINOIS (S) Zip Code: 61201
(T) Phone: 309/757-0310 (U) County: ROCK ISLAND
(V) Date of Inspection: 4/23/84 (W) Time of Inspection (From) 10:15 AM (To) 12:45 PM
(X) Weather Conditions: RAINING TEMPERATURE MID 40'S.

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Rev. 3-6-81/J.B.

(Y) Person(s) Interviewed

Title

Telephone

DAVE CULPIN

V.P. SUPERVISOR

309/797 C 310

(Z) Inspection Participants

Agency/Title

Telephone

JACK HOLZER

EPA/DUPC EPS-1

815/957-7404

(AA) Preparer Information

Name

Agency/Title

Telephone

JACK HOLZER

EPA/DUPC EPS-1

815/957-7404

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

I A. Storage and/or Treatment

1. Containers (I)
2. Tanks (J)
3. Surface Impoundments (K)
4. Waste Piles (L)

 D. Incineration and/or Thermal Treatment (O and P)

 E. Chemical, Physical, and Biological Treatment (Q)

 B. Land Treatment (M)

 C. Landfills (N)

Note: If facility is also a generator or transporter of hazardous waste complete section IX and X of this form as appropriate.

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III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	—	—	—	N/A
2. Facility expansion?	—	—	—	{
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	Y	—	—	
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	—	Y	—	
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	—	Y	—	
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	Y	—	—	
2. Artificial or natural barrier around facility?	Y	—	—	
3. Controlled entry?	Y	—	—	
4. Danger sign(s) at entrance?	Y	—	—	
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	Y	—	—	
2. Records of operator error?	Y	—	—	
3. Records of discharges?	Y	—	—	

*Not Inspected

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III. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	---	N	---	-----
5. Safety, emergency equipment?	Y	---	---	-----
6. Security devices?	Y	---	---	-----
7. Operating and structural devices?	Y	---	---	-----
8. Inspection log?	---	Y	---	-----
(E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?	Y	---	---	-----
2. Job descriptions?	---	Y	---	-----
3. Description of training?	---	Y	---	-----
4. Records of training?	---	Y	---	-----
5. Have facility personnel received required training by 5-19-81?	---	Y	---	-----
6. Do new personnel receive required training within six months?	---	Y	---	-----
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	Y	---	---	-----
2. No smoking signs?	Y	---	---	-----
3. Separation and protection from ignition sources?	Y	---	---	-----

*Not Inspected

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